

Surveyor: KalvinREF: NS/INC19015360/KISf302**ASSIGNMENT**

From: _____ Date: _____

Estimated Cost: _____

OD/TP/WS/TP RES/OD RES/EVA/INV/MV

To Inspected Vehicle No: _____

at Workshop m/s _____

of _____

Insured: SMJ 6619UPolicy No. 5108017639 (14/03/2019)Claims No. MT/1059899-002

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its
repair at the time of inspection.

N/S	O/S

Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: _____ days Res.: Yes or No

Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SHD 4765J Yr Regn: 31TY 2013

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or _____

Make: Hyundai Ix0 c.c. 1685Colour: Blue A/C: Insured / Std / NI / NASp. Reading: 912637 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMH LB414MD 4038846

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD / Rim or

Tyre Size: F: 205/60R16

R: _____

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or DunlopFront 7 Rear 7R/Bal. _____ mm R/Bal. 7 mmL/Bal. 7 mm L/Bal. 7 mmD.O.A. 27/8/19 D.O.I. 29/8/19Survey held at CDHE (Layang)

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

n/s Rear

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	<u>SHD 4765J / SMJ 6619U CS/MT 19015279/ Uof3 DOA: 27/8/19 Inc</u>
<u>2/9/19</u>	<u>Wind PIP \$1160 / 20%.</u>
	<u>(\$ 1,638.48 Red - 59%)</u>

RECEIVED 02 SEP 2019

Date/Time, File Pass to?

02/09/191) Typist ☐ : Preli. Report☒ : Final Report

Date/Time, File Return to?

2) _____

Days Of Repair: 2Resurvey No. of Trip: 1Add Fee: ☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)Survey Fee: 160

Transportation: _____

S + RS, \$ _____

Photos _____

Rec'd Format

PIP \$ 1,160/-

TOTAL

160

eBaoTech

GeneralClaim

Hello, NAC_PAYA_UBI_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

Policy Query

Policy No. Date of Accident
Vehicle No.(For Motor) Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5108017639		TSL CAR LEASING PTE LTD	201903133K	GFT	drivo CLASSIC	SMJ6619U	SMJ6619U	14/03/2019	

TP Claims against NTUC Income: Follow-Through Survey

Date : 2/9/2019

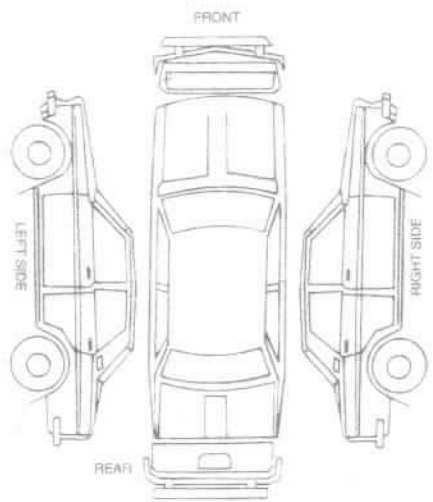
S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident
1	MT/1059899-002	COMFORT TRANSPORTATON PTE LTD	SHD 4765J	SMJ 6619U	27/8/2019
2	MT/1059928-002	COMFORT TRANSPORTATON PTE LTD	SHA 4175C	SFX 3228T	28/8/2019
3	MT/1060206-002	CITYCAB PTE LTD	SHA 8510S	SJJ 3777B	28/8/2019
4	MT/1060492-001	COMFORT TRANSPORTATON PTE LTD	SHB 6640H	PC 8446P	28/8/2019
5	MT/1059784-002	COMFORT TRANSPORTATON PTE LTD	SH 6131Z	FBH 921B	27/8/2019

Team:	ARC Repair TP(CLS0)1	JOB CARD	Sales Order:	JC NO.: 305328523
TOMER		REGN NO.:	SHD4765J	MILEAGE
VS	COMFORT TRANSPORTATION PTE LTD	MAKE :	HYUNDAI	FUEL
TOMER NO.	7010045			E.....1/2.....F
RESS	383 SIN MING DRIVE	MODEL	I-40	DATE/TIME IN
	Singapore SINGAPORE 575717			28.08.2019 10:55
(R)	65508755	YR OF MANU.	31.07.2013	TARGET DATE
(P)				
OUNT CARD NO.		CHASSIS CODE	KMHLB41UMDU038846	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 27.08.2019
NATURE: 3P 27.08.2019

S/NO LABOR CODE DESCRIPTION



CKED & PASSED OUT BY:			
SERVICE ADVISOR		CUSTOMER'S SIGNATURE	
Acknowledgement Slip		Exit Pass	
No.:	SHD4765J	CHIANG	Vehicle No.: SHD4765J
Signature/Date		Name of Service Advisor	
Signature/Date		Date	
Returned to Service Reception upon collection		To be kept by Security Guard	

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date Of Report	28/08/2019 13:29
Date Of Accident	27/08/2019 18:35
Exact Location Of Accident	SLIP RD FROM HOOT KIAM ROAD TWDS GRANGE RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD4765J
Insured/Policyholder	
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Co Reg No	199303821R
Email Address	FLEETSAFETY@CDGTAXI.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-65508768

Vehicle Particulars

Manufacturer	HYUNDAI
Model	I40
Exact Purpose for which vehicle was being used at time of accident	
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	TAXI

Insurance Company

Name of Insurance Company	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	MCOM0015
Cover Note Number	

Driver

Name of Driver	OH KIM GUAN
NRIC No	S1782333G
Date Of Birth	28/01/1966
Occupation	OUTDOOR
Date Of Driving Pass	07/10/1987
Driving Experience	31 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94525711
Fax Number	
Contact Number	
Email Address	OKG4517@GMAIL.COM

Address	BLK 130 YISHUN STREET 11 #05-253
Postcode	760130
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - TAXI DRIVER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2
Passenger 1	NAME: : - GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER ATTACHED

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	-
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMJ6619U
Vehicle Make/Model/Colour	HONDA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	KOO JIAN HUI ROY
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

RH FRONT

No. Of Passenger (Including Driver)

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

COMFORT TREASURY (ASIA) PTE LTD
GIA MEDICAL UNIT 100-103/104

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Loke Wei Yeng

GIA RMC Sketch Plan Form_V2

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHD 4765B

DATE 28/8/2019 14:22

MAKE :

MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount	
	Rear Bumper <i>x rep</i>			\$ 553.00	
	Rear Bumper Clip 10 pcs <i>x 11</i>			\$ 22.00	
	Rear Bumper Bracket <i>x 32</i>			\$ 35.60	
	<i>Rear Door (LH) x rep</i>				
	<i>Rear Fender (LH) x rep</i>				
	SUB TOTAL			\$ 610.60	
	LESS 20%			\$ 122.12	
	DISCOUNTED TOTAL			\$ 488.48	
	Rear Bumper Advertisement Logo <i>ne</i>			\$ 50.00	Nett
	Rear Fender Advertisement Logo (LH/RH) <i>ne</i>	\$	100.00	\$ 200.00	Nett
	Rear Door Advertisement Logo (LH) <i>ne</i>			\$ 100.00	Nett
	Rear Door Comfortdelgro & Apps Sticker (LH) <i>ne</i>			\$ 80.00	Nett
	<i>tel</i>			1-	
				\$ 430.00	
	Labour Charge				
	Panel Beating			\$ 800.00 <i>200</i>	
	Spray Painting Charge			\$ 900.00 <i>600</i>	
	Wiring Charge			\$ 50.00 <i>x 11</i>	
	Tuff Kote			\$ 50.00 <i>x 11</i>	
	Remove/Refix Reverse Sensor			\$ 80.00 <i>x 11</i>	
	TOTAL LABOUR			\$ 1,880.00	
	ESTIMATE TOTAL			\$ 2,798.48	
<i>Kalin 11/11/19</i> <i>29/8/19 1130h</i> <i>2 hrs</i> <i>45</i> <i>After Repair plz</i>					
<div> LKK Auto Consultants hence notify the Repairer of the following: • To resurvey before respray painting • To display damaged panel during resurvey • Parts prices are subject to confirmation • Third party survey is on a "Without prejudice" basis • No "legal modification" is allowed • Supplementary repair must be approved and is subject to final approval from insurance Company Acknowledged by Repairer Signature: Date: </div>					
This is an initial estimate based on a visual inspection of the above vehicle. The final repair quantum will be prepared after the vehicle is surveyed by a motor Surveyor appointed by the insurance company.					

Our Job Ref No : 305328523

Date : 30/08/19

ComfortDelGro Engineering Pte Ltd
59 Loyang Drive Singapore 508969
Fax: 6546 8156

FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN

Vehicle Reg No. : SHD4765J

27/08/2019

The survey and estimates of the repairs of the above-mentioned vehicle are as follows:-

2 The repair job shall bill to: NTUC SMJ6619U

2. The finalized amount shall be:

(a) Spare Parts after List discount

(b) Labour Charges

Total for Part-By-Part Repair Cost

\$ 1160.00

\$ 1160.00

(c.) Lumpsum Repair (if applicable)

Total for Lumpsum repair cost after Less:

Final Lumpsum Repair cost

3. Estimated normal period for repairs: 2 working days.

4. **We shall treat the above amount as Correct and Confirmed if there is no reply from you within 7 working days**

5. Thank you for your assistance.

We confirm the estimates and finalized amount

Signature : 

Name : CHIANG

Tel : 62148314

Fax : 65468156

Signature : 

Name : KALVIN

Date : 2/9/19

For Official Use Only

Item	Amount	Document Attached Yes or No	Confirm By (Signature)	Remarks
1. Rental Rate P/Day		YES		
2. Loss of Income Paid		N		
3. Survey Fees				
4. LTA Search Fee	7.49			
5. Medical Fees (on behalf of driver, if applicable)				
6. Overrun				

Remarks:

COMFORTDELGRO ENGINEERING PTE LTD
REPAIR ESTIMATE

Date: 31.08.2019
Time: 12:00:44
Page: 1

COMPANY : THIRD PARTY'S CLAIMS (CAS)
CUSTOMER: 7010045
ADDRESS : COMFORT TRANSPORTATION PTE LTD
383 SIN MING DRIVE
SINGAPORE SINGAPORE 575717
65508755

JOB NO : 305328523
REGN NO : SHD4765J
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : I-40
DATE OF REGN : 31.07.2013
DATE/TIME IN : 28.08.2019 10:55
ACCIDENT DATE : 27.08.2019

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 28-01-0103-0004-A (I40/SONATA)REAR DOOR TEL 1 10.00 0.00 10.00

SUB-TOTAL : 10.00

JOB NATURE

0000 20-05	BUMPER ADVERTISEMENT	50.00
0001 20-05	REAR FENDER ADVERTISEMENT	200.00
0002 20-05	REAR DOOR ADVERTISEMENT	100.00
0003 PB	PANEL BEATING	200.00
0004 SP	SPRAYPAINT CHARGE	600.00

SUB-TOTAL : 610.00

TOTAL : 620.00

MVA NAME & SIGNATURE
DATE :

AUTHORISED : YES / NO
SURVEYOR NAME & SIGNATURE
DATE :

**National Assessment Centre Services**

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6841 0055 FAX: 6841 6315

Reg. No: 52983356E GST Reg. No. 20-0405911-H



NTUC INCOME INSURANCE CO-OPERATIVE LTD Ref: NS/INC19015360/K1sf3e2			
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556		Date: 05-09-2019	
		Code: INC4	
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	SMJ 6619U	Veh. Inspected	SHD 4765J
Policy No.	5108017639	Coverage (\$)	0.00
Claim No.	MT/1059899-002	Excess (\$)	0.00
Assign From		Assign Date	29/08/2019
2. Vehicle Particulars & Condition			
Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2013
Chassis No.	KMHLB41UMDU038846	Colour	BLUE
Odometer	912637	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	FAIR		
3. Conditions of Tyres			
	Size	Make	Balance
R/H Front Tyre	205/60 R16	DURATURN	7 mm
L/H Front Tyre	205/60 R16	DURATURN	7 mm
R/H Rear Tyre	205/60 R16	DURATURN	7 mm
L/H Rear Tyre	205/60 R16	DURATURN	7 mm
4. Description of Damages			
THE VEHICLE SUSTAINED DAMAGES AT THE N/S REAR PORTION. DAMAGES SEE DETAILS.			
5. General Information			
Accident Date	27/08/2019	Inspection Date	29/08/2019
Survey held at	COMFORTDELGRO ENGINEERING PTE LTD 59 LOYANG DRIVE SINGAPORE 508969		
5a. Remarks			
A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.			
5b. Estimate Days of Repair			
ESTIMATED NORMAL PERIOD FOR REPAIR:		2 Working Days	

**National Assessment Centre Services**

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6841 0055 FAX: 6841 6315

Reg. No: 52983356E GST Reg. No. 20-0405911-H



Page No.:1 of 2

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHD 4765J

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	REAR BUMPER	TO REPAIR SEE LABOUR	553.00	-
10	REAR BUMPER CLIP	NOT NECESSARY	22.00	-
1	REAR BUMPER BRACKET	SERVICEABLE	35.60	-
1	REAR DOOR (LH)(NPA)	TO REPAIR SEE LABOUR	-	-
1	REAR FENDER (LH)(NPA)	TO REPAIR SEE LABOUR	-	-
	LESS 20% DISCOUNT		-122.12	-
			488.48	-
<u>SPECIAL NETT ITEMS</u>				
1	REAR BUMPER ADVERTISEMENT LOGO (SN)	NECESSARY	50.00	50.00
2	REAR FENDER ADVERTISEMENT LOGO (LH/RH) @\$100.00 (SN)	NECESSARY	200.00	200.00
1	REAR DOOR ADVERTISEMENT LOGO (LH) (SN)	NECESSARY	100.00	100.00
1	REAR DOOR COMFORTDELGRO & TEL STICKER (LH) (SN)	NECESSARY	80.00	10.00
			430.00	360.00
<u>LABOUR</u>				
	PANEL BEATING.INCLUSIVE OF THE REPAIR OF REAR BUMPER,REAR DOOR (LH) AND REAR FENDER (LH).		800.00	200.00
	SPRAY PAINTING CHARGE.		900.00	600.00
	WIRING CHARGE.	NOT NECESSARY	50.00	-
	TUFF KOTE.	NOT NECESSARY	50.00	-
	REMOVE/REFIX REVERSE SENSOR.	NOT NECESSARY	80.00	-
			-	-
			-	-
			-	-
			1,880.00	800.00
GRAND TOTAL			2,798.48	1,160.00
RECOMMENDED COST OF REPAIRS (CONFIRMED)				1,160.00

Report Ref No. NS/INC19015360/K1sf3e2

Report Ref No. NS/INC19015360/K1sf3e2

KALVIN ANG WEI KUN

Automotive Assessor / Investigator

A handwritten signature in black ink, appearing to be "Lau".

K.K.LAU CPT(RET)

BEng(Hons),B.Bus,MBA,PEng,PE,
MInstAEA,MASME,MIRTE

REGD Auto Consultant-SAE, Licensed Appraiser

DISCLAIMER OF LIABILITY TO THIRD PARTIES:- This Report is made solely for the use and benefit of the Client named on the front page of this Report.

No liability of responsibility whatsoever, in contract or tort, is accepted to any third party who may rely on the Report wholly or in part. Any third party acting or relying on this Report, in whole or in part, does so at his or her own risk.